

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ron Leach for Congress Campaign Committee

ADDRESS (number and street) ▼

P.O. Box 647

☐ Check if different than previously reported. (ACC)

Brandenburg

KY

40108

2. FEC IDENTIFICATION NUMBER ▼

C C00543538

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

KY

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Theresa Drake

Signature of Treasurer Ms. Theresa Drake

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 23

Write or Type Committee Name

Ron Leach for Congress Campaign Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
04			01			2013			

To:

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2013			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8701.29	8701.29
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8701.29	8701.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21660.85	21660.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	21660.85	21660.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6640.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	19600.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 23

Write or Type Committee Name

Ron Leach for Congress Campaign Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2013

To:

M M / D D / Y Y Y Y
06 / 30 / 2013

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5318.72

5318.72

(ii) Unitemized.....

1860.00

1860.00

(iii) TOTAL of contributions from individuals ▶

7178.72

7178.72

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1522.57

1522.57

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

8701.29

8701.29

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

19600.00

19600.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

19600.00

19600.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

28301.29

28301.29

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21660.85	21660.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21660.85	21660.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28301.29
25. SUBTOTAL (add Line 23 and Line 24).....	28301.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21660.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6640.44

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 23

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Charles Asher

Mailing Address 10577 Erie Dr

City

Crown Point

State

IN

Zip Code

46307-9374

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Emergency Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 26 2013

Transaction ID : VN8P9A2Z493

Amount of Each Receipt this Period

500.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 02 2013

Transaction ID : VN8P9A2Z493E

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Craig Astor

Mailing Address 5167 N L And N Turnpike Rd

City

Hodgenville

State

KY

Zip Code

42748-9232

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPS

Occupation

Aircraft Mechanic

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2013

Transaction ID : VN8P9A2Z545

Amount of Each Receipt this Period

250.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2013

Transaction ID : VN8P9A2Z545E

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Annette Baker

B.

Mailing Address 6902 Walnut Farm Dr

City

Louisville

State

KY

Zip Code

40229-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Army

Physician Assistant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2013

Transaction ID : VN8P9A2Z560

Amount of Each Receipt this Period

300.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

C.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2013

Transaction ID : VN8P9A2Z560E

Amount of Each Receipt this Period

300.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Lacey Connelly

Mailing Address 6675 Brandenburg Rd

Apt 4

City

Ekron

State

KY

Zip Code

40117-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ron Leach for Congress

Occupation

Campaign Manager

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

10.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2013

Transaction ID : VN8P9A2Z4Q4

Amount of Each Receipt this Period

10.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2013

Transaction ID : VN8P9A2Z4Q4E

Amount of Each Receipt this Period

10.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Lacey Connelly

Mailing Address 6675 Brandenburg Rd

Apt 4

City

Ekron

State

KY

Zip Code

40117-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ron Leach for Congress

Occupation

Campaign Manager

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

268.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2013

Transaction ID : VN8P9AAVDE6

Amount of Each Receipt this Period

258.72

* In-Kind: Mileage Expenses

SUBTOTAL of Receipts This Page (optional).....

268.72

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Thomas Hair

A.

Mailing Address 142 Byerly Blvd

City

Radcliff

State

KY

Zip Code

40160-8789

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Officer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2013

Transaction ID : VN8P9A2ZCV2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dixie Hibbs

B.

Mailing Address 211 S 5th St

City

Bardstown

State

KY

Zip Code

40004-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 09 / 2013

Transaction ID : VN8P9A2X9Y2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Peter Houhoulis

C.

Mailing Address 3607 Herron Ct

City

San Antonio

State

TX

Zip Code

78217-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Medical Operations Officer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 22 / 2013

Transaction ID : VN8P9A2Z485

Amount of Each Receipt this Period

500.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

ACTBLUE**A.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2013

Transaction ID : VN8P9A2Z485E

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Charles Leach**B.**

Mailing Address 3324 Panhandle Rd

City

Lynchburg

State

OH

Zip Code

45142-9361

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2013

Transaction ID : VN8P9A2Z2J9

Amount of Each Receipt this Period

250.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE**C.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2013

Transaction ID : VN8P9A2Z2J9E

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Robert Leach

Mailing Address 824 Pleasure Pt W

City

Maceo

State

KY

Zip Code

42355-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		28		2013

Transaction ID : VN8P9A2WDH0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Ann Miller

Mailing Address 34 Orchard Way N

City

Potomac

State

MD

Zip Code

20854-6128

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNA

Occupation

Research Analyst

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2013

Transaction ID : VN8P9A2Z2K7

Amount of Each Receipt this Period

250.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2013

Transaction ID : VN8P9A2Z2K7E

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Kathy Orr

Mailing Address 115 E Travis St

Ste 1230

City

San Antonio

State

TX

Zip Code

78205-1611

FEC ID number of contributing federal political committee.

C

Name of Employer

Law Offices of Kathy Orr

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 19 / 2013

Transaction ID : VN8P9A2Z2M5

Amount of Each Receipt this Period

500.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3210.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2013

Transaction ID : VN8P9A2Z2M5E

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Ann Pacheco

Mailing Address 2003 Heartland Cir

City

Valrico

State

FL

Zip Code

33594-5127

FEC ID number of contributing federal political committee.

C

Name of Employer

Tampa General Rehabilitation Center

Occupation

Registered Nurse

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2013

Transaction ID : VN8P9A6P491

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 23

(check only one)

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Scott Wantland

Mailing Address 319 S Buckman St

City

Shepherdsville

State

KY

Zip Code

40165-6060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wantland Law PLLC

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 15 / 2013

Transaction ID : VN8P9A2WD73

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

5318.72

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 23

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Ron Leach

Mailing Address 62 Merion Ct

City

Brandenburg

State

KY

Zip Code

40108-7102

FEC ID number of contributing
federal political committee.**C** H4KY02089

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1522.57

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2013

Transaction ID : VN8P9AAVDD8

Amount of Each Receipt this Period

1522.57

* In-Kind: Mileage Expenses

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

1522.57

TOTAL This Period (last page this line number only).....

1522.57

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 23

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

Ron Leach

Mailing Address 62 Merion Ct

City

Brandenburg

State

KY

Zip Code

40108-7102

FEC ID number of contributing
federal political committee.

C H4KY02089

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

04 / **01** / **2013**

Transaction ID : VN8P9A2X2Y8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Ron Leach

Mailing Address 62 Merion Ct

City

Brandenburg

State

KY

Zip Code

40108-7102

FEC ID number of contributing
federal political committee.

C H4KY02089

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

19600.00

Date of Receipt

04 / **20** / **2013**

Transaction ID : VN8P9A2X2Z6

Amount of Each Receipt this Period

19500.00

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / **D D** / **Y Y Y Y Y Y**

Amount of Each Receipt this Period

19600.00

19600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

A. Bulldog Finance GroupMailing Address 1250 Connecticut Ave NW
Ste 200

City Washington State DC Zip Code 20036-2643

Purpose of Disbursement
Fundraiser Consulting Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2013

Amount of Each Disbursement this Period

3200.00

Transaction ID : VN7Q19JAN25

B. Lacey ConnellyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Mileage Expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2013

Amount of Each Disbursement this Period

122.93

Transaction ID : VN7Q19JAHS7

c. Lacey ConnellyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Reimbursement of Operating Expenditures: See Memos

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2013

Amount of Each Disbursement this Period

190.44

Transaction ID : VN7Q19JAG82

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3513.37

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

A. Lacey ConnollyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Campaign Management Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2013

Amount of Each Disbursement this Period

3500.00

Transaction ID : VN7Q19JAH69

B. Lacey ConnollyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Campaign Management Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2013

Amount of Each Disbursement this Period

3500.00

Transaction ID : VN7Q19JAH77

c. Lacey ConnollyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Campaign Management Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2013

Amount of Each Disbursement this Period

3500.00

Transaction ID : VN7Q19JAH83

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

A. Lacey ConnollyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Reimbursement of Operating Expenditures: See Memos

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2013

Amount of Each Disbursement this Period

91.76

Transaction ID : VN7Q19JAH91

B. Lacey ConnollyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Reimbursement of Operating Expenditures: See Memos

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2013

Amount of Each Disbursement this Period

146.76

Transaction ID : VN7Q19JCD57

c. Lacey ConnollyMailing Address 6675 Brandenburg Rd
Apt 4

City Ekron State KY Zip Code 40117-8530

Purpose of Disbursement
Mileage Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2013

Amount of Each Disbursement this Period

258.72

Transaction ID : VN8P9AAVDE61

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

497.24

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

A. Theresa Drake

Mailing Address PO Box 443

City	State	Zip Code
Vine Grove	KY	40175-0443

Purpose of Disbursement
Treasurer Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2013

Amount of Each Disbursement this Period

250.00

Transaction ID : VN7Q19JAHA9

B. Theresa Drake

Mailing Address PO Box 443

City	State	Zip Code
Vine Grove	KY	40175-0443

Purpose of Disbursement
Treasurer Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2013

Amount of Each Disbursement this Period

250.00

Transaction ID : VN7Q19JAHB7

c. Farley Printing

Mailing Address 1013 S. 6th St.

City	State	Zip Code
Louisville	KY	40203-3319

Purpose of Disbursement
Stationery

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2013

Amount of Each Disbursement this Period

568.00

Transaction ID : VN7Q19JAHM8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1068.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

A. Farley Printing

Mailing Address 1013 S. 6th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2013

City	State	Zip Code
Louisville	KY	40203-3319

Purpose of Disbursement
Remit Envelopes

Amount of Each Disbursement this Period

864.89

Transaction ID : VN7Q19JAMN2

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Kentucky Democratic Party

Mailing Address PO Box 694

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2013

City	State	Zip Code
Frankfort	KY	40602-0694

Purpose of Disbursement
Tickets for Fundraising Dinner

Amount of Each Disbursement this Period

300.00

Transaction ID : VN7Q19JAHN6

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Ron Leach

Mailing Address 62 Merion Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2013

City	State	Zip Code
Brandenburg	KY	40108-7102

Purpose of Disbursement
Reimbursement of Operating Expenditures: See Memos

Amount of Each Disbursement this Period

365.00

Transaction ID : VN7Q19JAGZ4

Candidate Name

Mr. Ron LeachCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: KY District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

864.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ron Leach for Congress Campaign Committee

Full Name (Last, First, Middle Initial)

A. Fayette County Democratic Party

Mailing Address 431 S Broadway

City	State	Zip Code
Lexington	KY	40508-2952

Purpose of Disbursement
Tickets to Fundraising Dinner

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 04 / 2013

Amount of Each Disbursement this Period

300.00

Transaction ID : VN7Q19JAH02

[MEMO ITEM]

*

B. Ron Leach

Mailing Address 62 Merion Ct

City	State	Zip Code
Brandenburg	KY	40108-7102

Purpose of Disbursement
Reimbursement of Operating Expenditures: See Memos

Candidate Name

Mr. Ron Leach

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: KY District: 02

Date of Disbursement

M M / D D / Y Y Y Y
06 / 28 / 2013

Amount of Each Disbursement this Period

34.96

Transaction ID : VN7Q19JCD73

c. Ron Leach

Mailing Address 62 Merion Ct

City	State	Zip Code
Brandenburg	KY	40108-7102

Purpose of Disbursement
Mileage Expenses

Candidate Name

Mr. Ron Leach

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: KY District: 02

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2013

Amount of Each Disbursement this Period

1522.57

Transaction ID : VN8P9AAVDD81

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1557.53

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8P9A2X2Y8L

Ron Leach for Congress Campaign Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ron Leach

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
62 Merion Ct

City

State

ZIP Code

Brandenburg

KY

40108-7102

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 01 / 2013

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8P9A2X2Z6L

Ron Leach for Congress Campaign Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ron Leach

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
62 Merion Ct

City

State

ZIP Code

Brandenburg

KY

40108-7102

Original Amount of Loan

19500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 20 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

19500.00

TOTALS This Period (last page in this line only)..... ►

19600.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.